

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092019

1. Entity Name

CARRIAGE LOUNGE, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90038 016 ***150.00

Principal Place of Business

Mailing Address

HWY 27/441
SUMMERFIELD FL 34491

POST OFFICE BOX 325
LADY LAKE FL 32158-0325

2. Principal Place of Business

16535 SE 99 AVE

Suite, Apt. #, etc.

3. Mailing Address

16535 SE 99 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUMMERFIELD, FL

City & State

SUMMERFIELD, FL

4. FEI Number

59-3604129

Applied For

Not Applicable

Zip

Country

34491

MARION

Zip

Country

34491

MARION

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAYTART, WANDA M
4432 MARION COUNTY ROAD
LADY LAKE FL 32159

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	LAYTART, WANDA M	
STREET ADDRESS	POST OFFICE BOX 325 N/A	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAYTART, WANDA M	
STREET ADDRESS	POST OFFICE BOX 325 N/A	
CITY-ST-ZIP	LADY LAKE FL-32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wanda M Laytart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000 352-406-9750
Date Daytime Phone #

CR2E034 (9/99)